



Office of Customer Service
PO Box 47865
Olympia WA, 98504-7865
360-236-4700

Chemical Dependency Professional Trainee Declaration of Approved Education Program

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|---|
| Name of Practitioner: |
| Credential Number: |
| I declare that I am enrolled in an approved education program or have completed the educational requirements and am actively pursuing the experience requirements in RCW 18.205.090 . |
| Signature of Practitioner: |
| Date: |

**Mail this document with your
check or money order to:**

Department of Health
PO Box 1099
Olympia, WA 98507-1099

**Documents without a check
or money order:**

Department of Health
Office of Customer Service
PO Box 47865
Olympia, WA 98504-7865

If you have any questions, please contact the Health Systems Quality Assurance Division, Customer Service Center.

Phone: 360-236-4700
Fax: 360-236-4818
Email: hsqa.csc@doh.wa.gov